

**North Carolina Division of Mental Health, Developmental
Disabilities and
Substance Abuse Services**

**Complaints Received By
Local Management Entities**

**State Fiscal Year 2008-2009
4th Quarter**

Prepared by

**Customer Service and Community Rights Team
Advocacy and Customer Service Section**

Executive Summary

North Carolina Administrative Code (10A NCAC 26G.7001-7003) requires that all Mental Health, Developmental Disabilities and Substance Abuse Local Management Entities (LMEs) utilize standardized complaint response and complaint reporting procedures regarding services provided in their catchment areas. These rules state that LMEs are required to receive, review, respond to and report complaints regarding any mental health, developmental disability and/or substance abuse service. This requirement includes complaints regarding all facilities licensed under NC General Statute 122C-Article 2 (except hospitals), unlicensed community-based services and LME services. For the purpose of this report and LME data collection, we define *complaints* as “any expression of dissatisfaction.”

This report includes aggregate statewide data and does not include data for each individual LME¹. A short caveat: It is difficult to interpret with certainty the reasons for variability in complaint rates among LMEs. A higher number of complaints may be a result, for example, of increased education for consumers, families and providers about consumer rights, the complaint rule and/or empowerment efforts to encourage the reporting and resolution of complaints. In fact, it is expected that aggregate data in future reports will likely show increases in the number of complaints reported to the LMEs due to public awareness and consumer education activities. Therefore, LME data comparisons would be problematic.

These data, however, are very useful to local planners and policy groups. LME complaint data is utilized at the local level to inform management of trends that may justify further action or indicate an issue in their catchment area. Many LMEs report data trends to their Client Rights Committees, Board of Directors, Quality Management and Area Directors to ensure an expedient response to potential areas of concern. LMEs look at complaint patterns to identify opportunities for quality improvement and provide technical assistance when needed to ensure that appropriate action is taken. For example, LME staff may initiate an investigation or a provider review as a result of an individual complaint. Importantly, LMEs also provide this information to local Consumer Family Advisory Committees (CFACs).

State Fiscal Year (SFY) 08-09 4th Quarter Complaint Data Highlights:

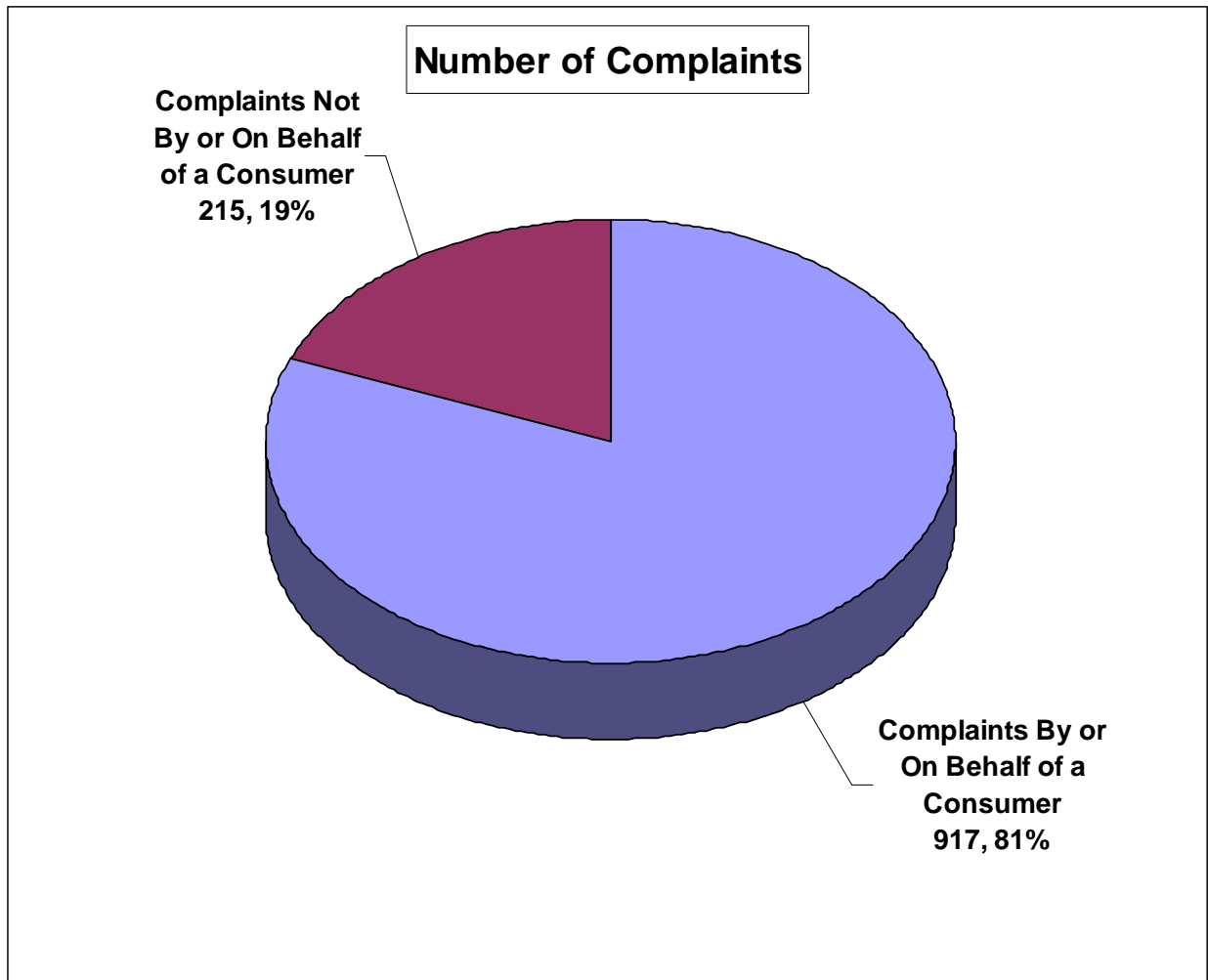
- A total of 1,132 complaints were made to LMEs between April 1, 2009 and June 30, 2009. Nine hundred and seventeen (81%) of the complaints received were filed by or on behalf of a consumer and 215 (19%) of the complaints received were not filed by or on behalf of a consumer because the issue did not directly involve a particular individual.
- Parents/guardians filed 261 (24%) and consumers filed 252 (22%) of the complaints during this quarter, accounting for about half of the complaints reported statewide. Providers initiated 174 (15%) of the complaints.

¹ LME data is available upon request. Please contact Stuart Berde at (919) 715-3197 or Stuart.Berde@ncmail.net.

- Five hundred and forty-one (59%) of the 917 complaints related to consumers were filed regarding an adult and 289 (32%) were filed by or on behalf of a child or adolescent. Four hundred and seventy (51%) of the consumers involved had a mental health diagnosis, 167 (18%) had a developmental disability diagnosis, 160 (17%) had multiple disabilities and 36 (4%) had a substance abuse diagnosis.
- Four hundred and fifteen (37%) of the complaints were related to quality of care, 144 (13%) involved authorization/billing/payment issues and 115 (10%) related to access to services.
- During the fourth quarter of FY 2008–2009, Community Support-Adult Service represented 203 (18%) of the total complaints, residential services represented 182 (16%) and Community Support-Child Service represented 164 (14%) of the total complaints. These three services accounted for almost half of the complaints received in the fourth quarter.
- Two hundred and sixteen (19%) of the complaints resulted in an investigation by the Local Management Entity, the Division of Health Service Regulation, the Department of Social Services or the Division of Mental Health, Developmental Disabilities and Substance Abuse Services.
- Of the two hundred and sixteen complaint investigations that took place, 96 (44%) were not substantiated, 74 (34%) were substantiated and 46 (21%) were partially substantiated.
- One hundred and thirteen (52%) of the complaints that were investigated required no further action, 78 (36%) required a corrective action plan and 25 (12%) resulted in recommendations to the provider.
- One thousand and eighty-four (96%) of the total complaints this quarter were resolved and brought to administrative closure. A complaint is considered resolved when the complainant accepts the outcome, withdraws the complaint or when no further action can be taken by the LME.
- Nine hundred and sixteen (81%) of the complaints this quarter did not require an investigation. Of these, 442 (48%) were resolved by working with the provider, 290 (32%) were resolved by providing technical assistance to complainants and 111 (12%) were resolved by mediation.
- The final dispositions for 1,082 (96%) of the total complaints this quarter occurred at the LME level.
- One thousand and eleven (89%) of the complaints this quarter were resolved within 30 days of receipt of the complaint.

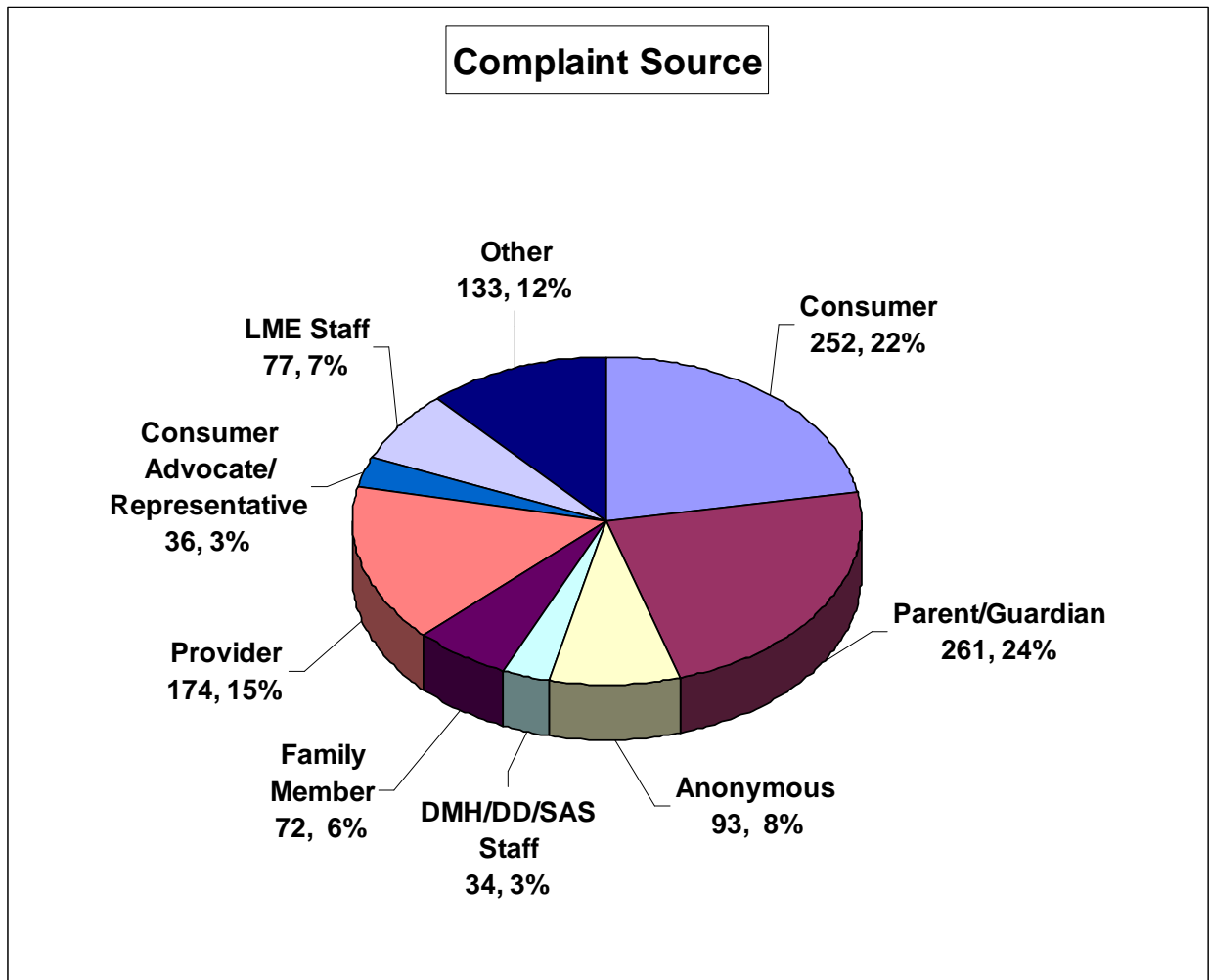
Total Number of Complaints

LMEs received a total of 1,132 complaints from April 1, 2009 to June 30, 2009. Nine hundred and seventeen (81%) of the complaints received were by or on behalf of a consumer and 215 (19%) were not by or on behalf of a consumer.



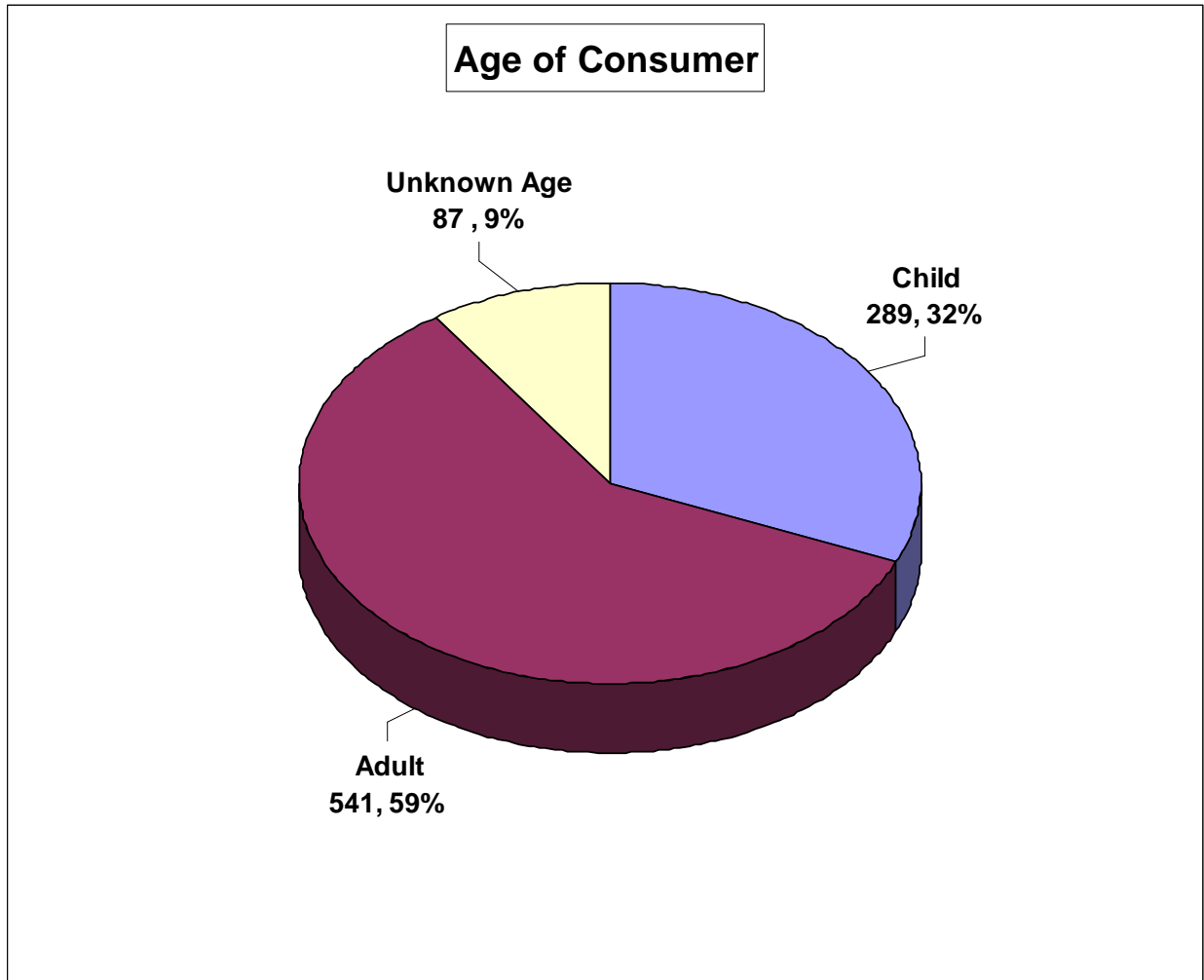
Complaint Source

Parents/guardians filed 261(24%) of the complaints and consumers filed 252 (22%) of the complaints to LMEs this quarter. One hundred and seventy-four (15%) of the complaints were initiated by providers. Seventy-two (6%) were filed by family members. The chart below illustrates the remaining contact sources for this quarter.



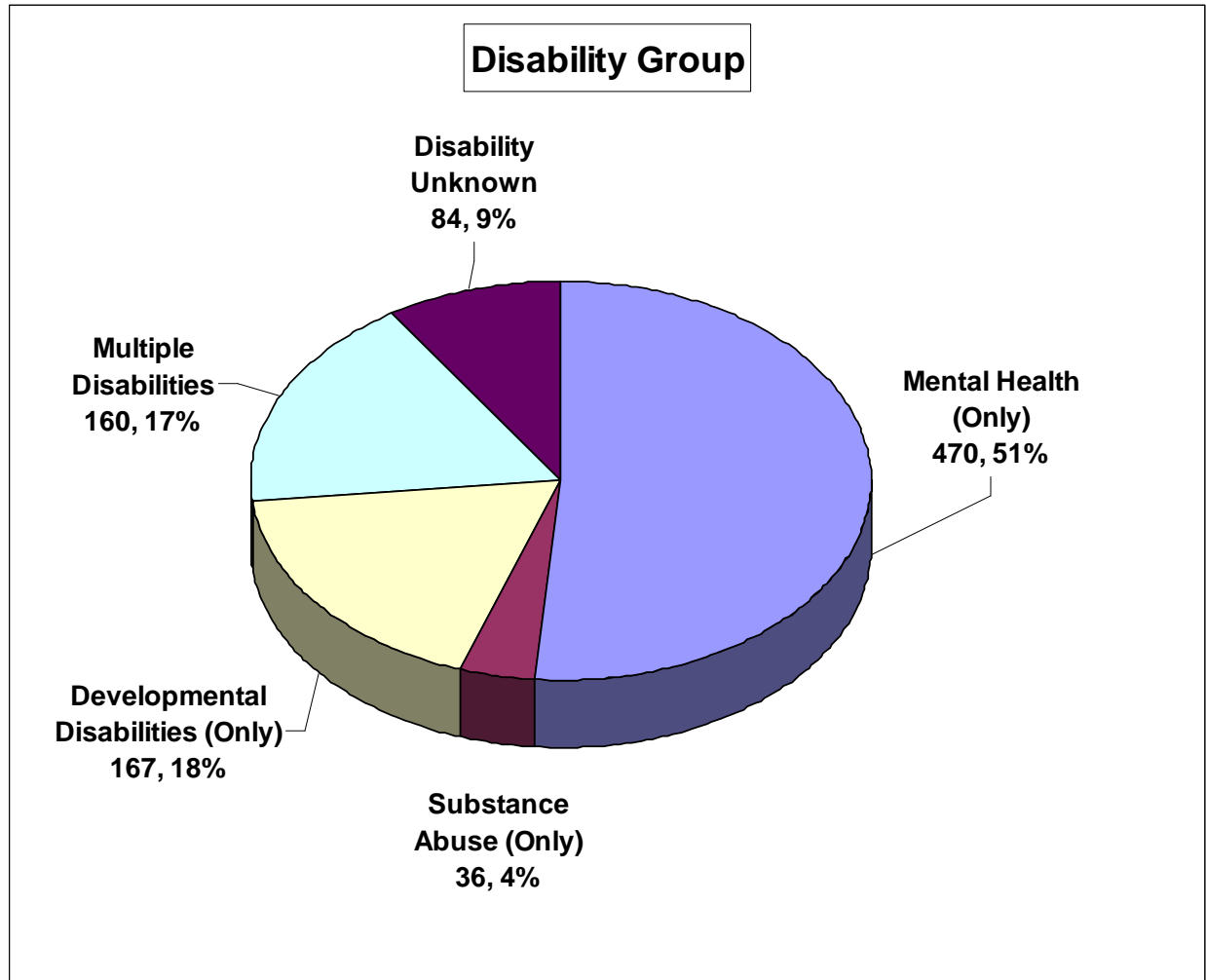
Complaints By Or On Behalf of a Consumer:
Consumer's Age Group

Statewide, 917 complaints were filed by or on behalf of a consumer from April 1, 2009 to June 30, 2009. Five hundred forty-one (59%) were filed by or on behalf of an adult (age 18 or over), 289 (32%) were filed by or on behalf of a child (age 0-17) and for 87 (9%) the consumer's age was unknown.



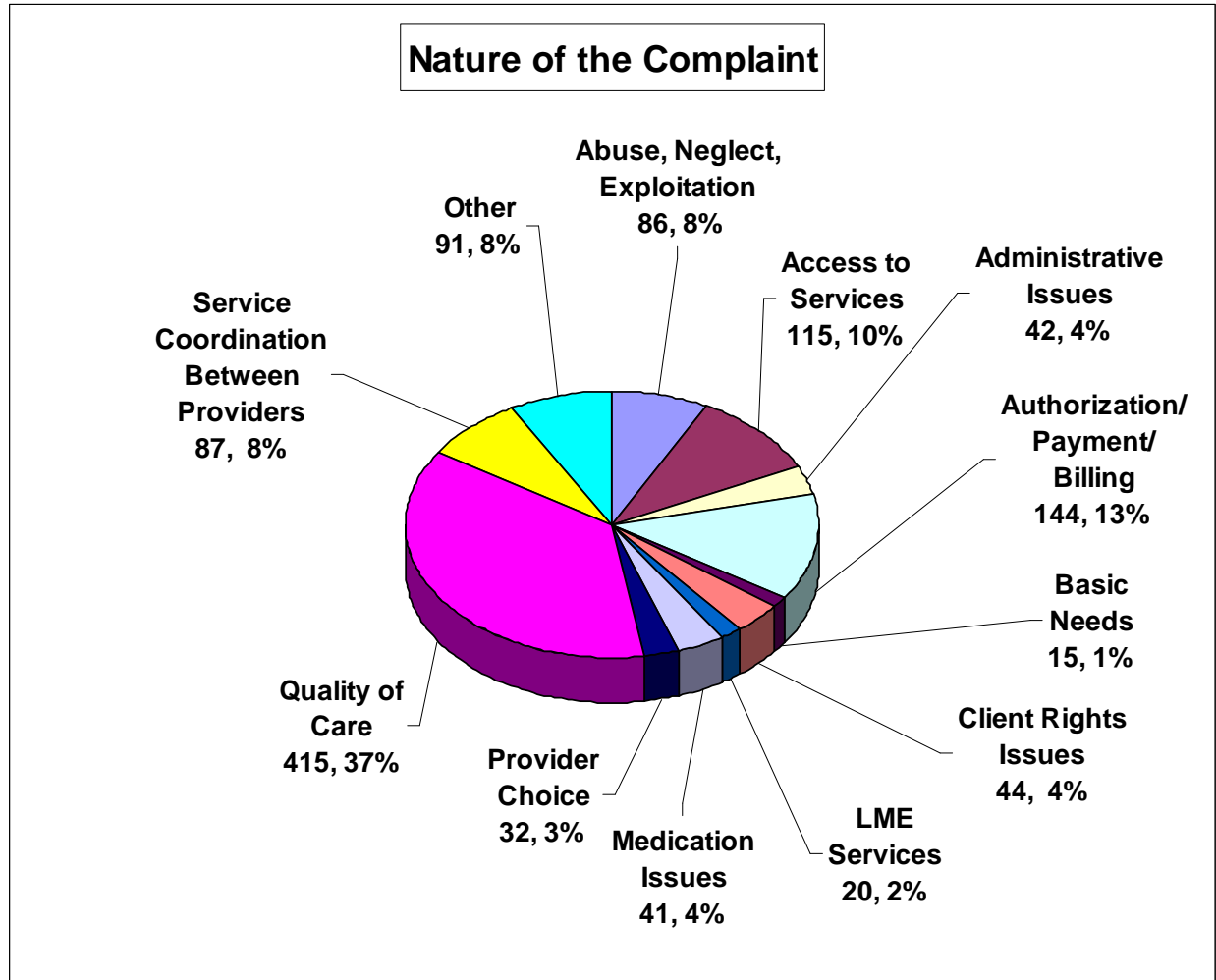
Complaints By Or On Behalf of a Consumer:
Consumer's Disability Group

Four hundred and seventy (51%) of the complaints involved a consumer with a mental health diagnosis, 167 (18%) involved consumers who had a developmental disability diagnosis, 160 (17%) involved consumers with multiple disabilities, 36 (4%) involved consumers with a substance abuse diagnosis.



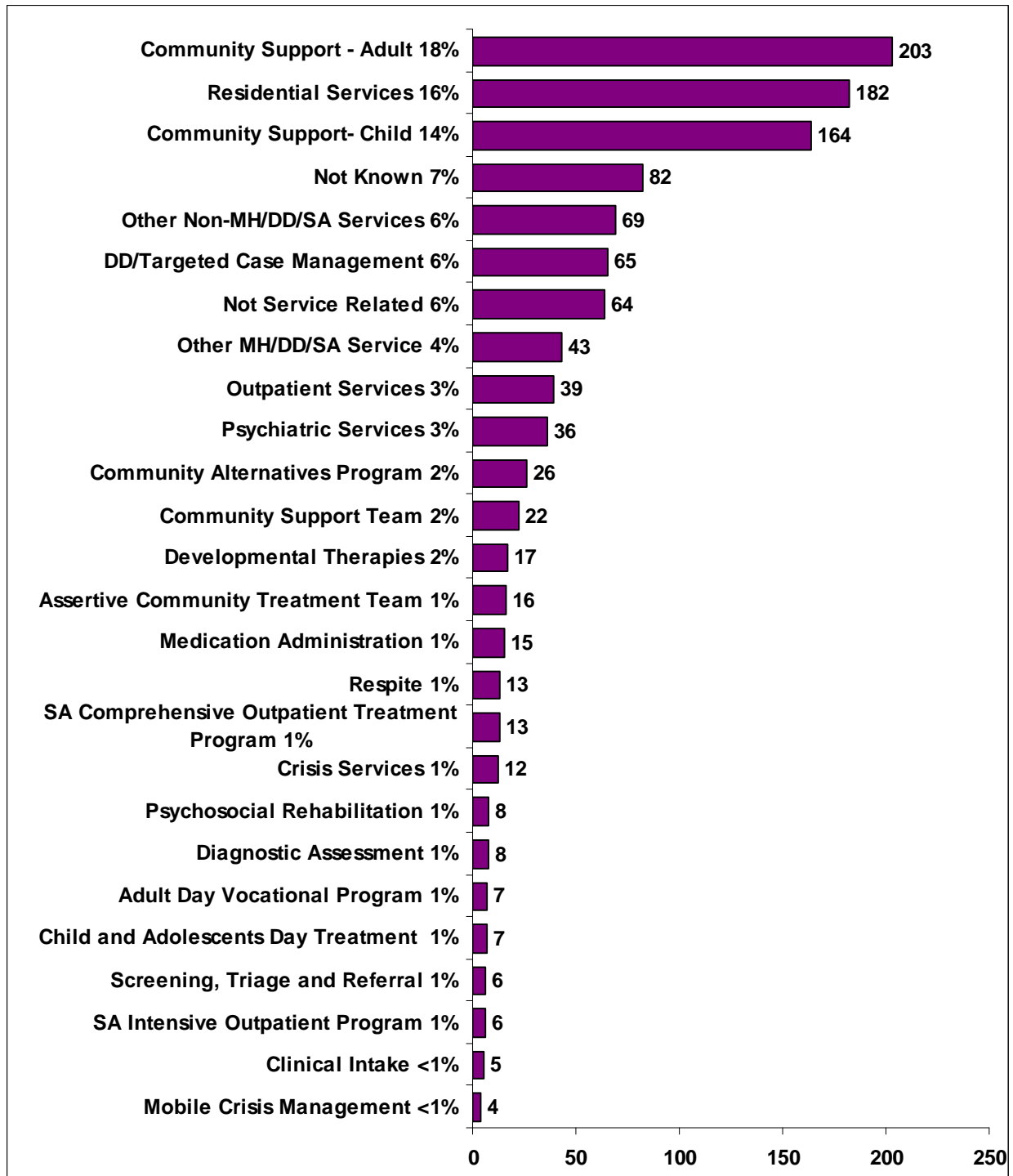
Primary Nature of the Complaint

The issues associated with the complaints are categorized in the graph below. Four hundred and fifteen (37%) of the complaints were related to quality of care, 144 (13%) involved issues with authorization/payment/billing and 115 (10%) related to access to services.



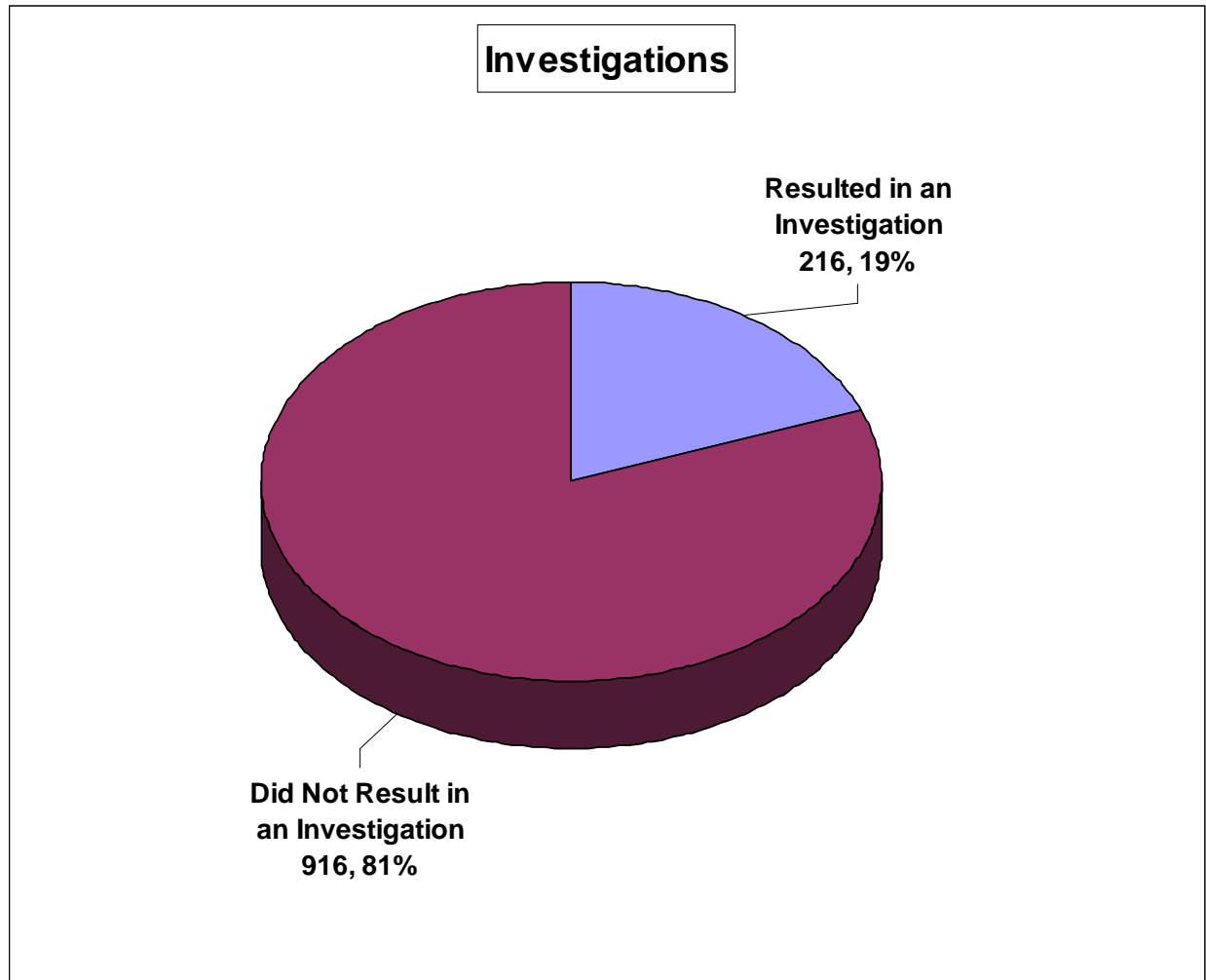
Type of Service Associated with the Complaints

Community Support (CS) services were associated with 367 (32%) of the total complaints this quarter with CS-Adult 203 (18%) and CS-Child 164 (14%) of the complaints. Residential services accounted for 182 (16%) of the total complaints.



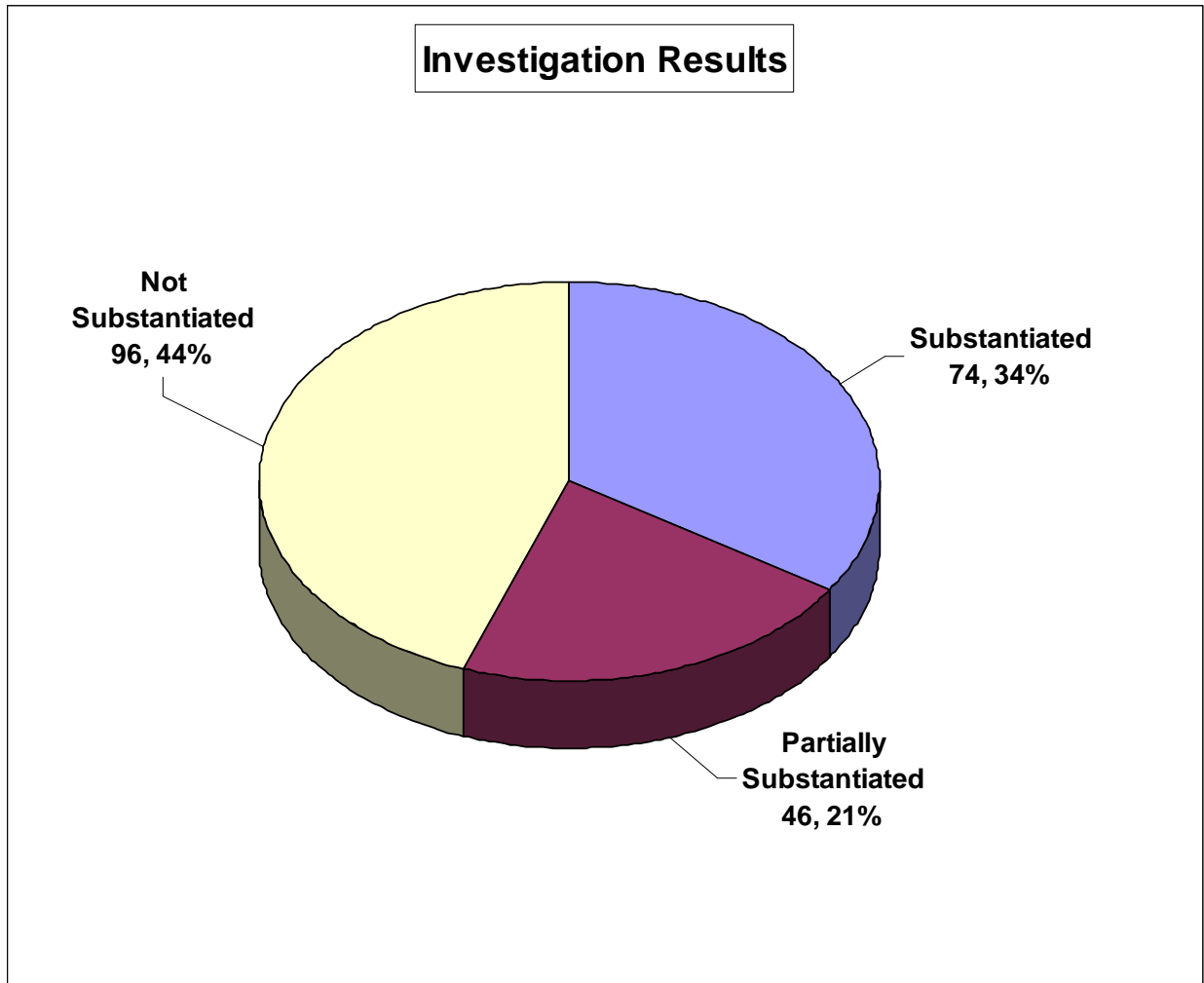
The Number of Complaints that Resulted in and Investigation

Statewide, LMEs received a total of 1,132 complaints from April 1, 2009 to June 30, 2009. Two hundred and sixteen (19%) of the complaints resulted in an investigation by the Local Management Entity, the Division of Health Service Regulation, the Department of Social Services or the Division of Mental Health, Developmental Disabilities and Substance Abuse Services. The remaining 916 (81%) of the complaints did not result in an investigation.



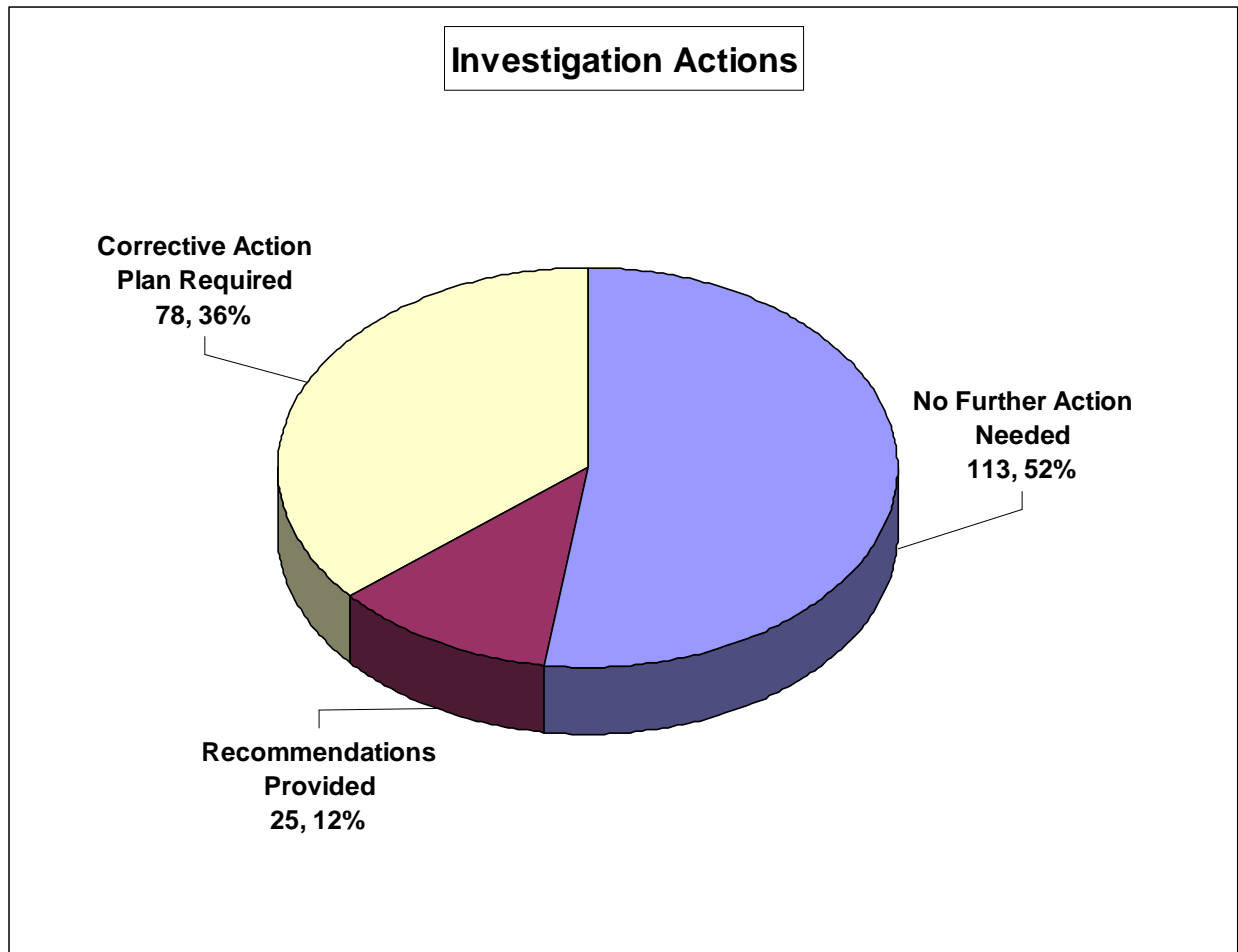
Complaint Investigation Results

Statewide, of the 216 complaints that were investigated during the fourth quarter, 96 (44%) were not substantiated, 74 (34%) were substantiated and 46 (21%) were partially substantiated.



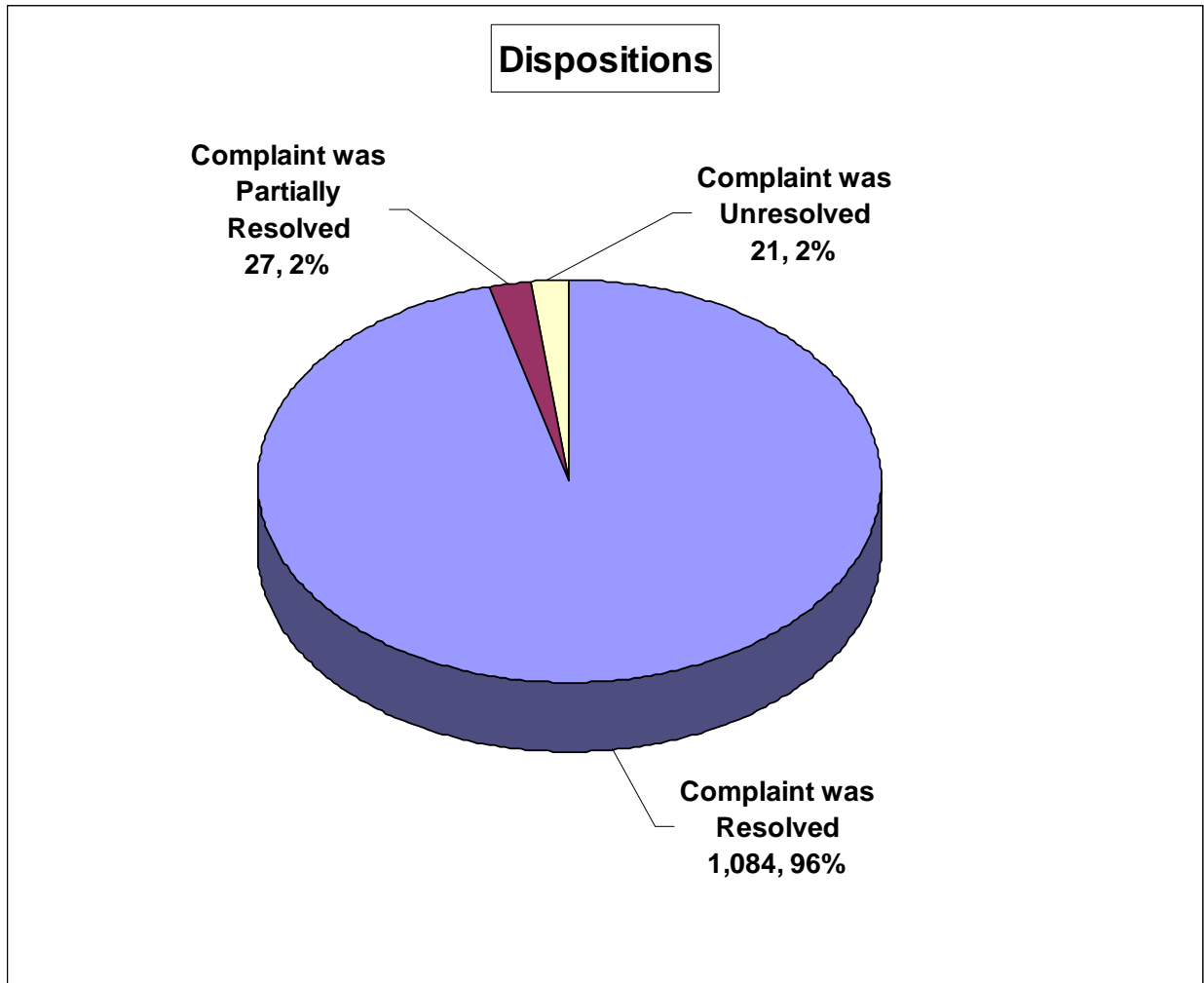
Actions Following the Investigations

During this quarter, one hundred and thirteen (52%) of the complaints investigated resulted in no further action needed. Seventy-eight (36%) of the complaint investigations resulted in a corrective action plan from the provider and 25 (12%) resulted in recommendations to the provider.



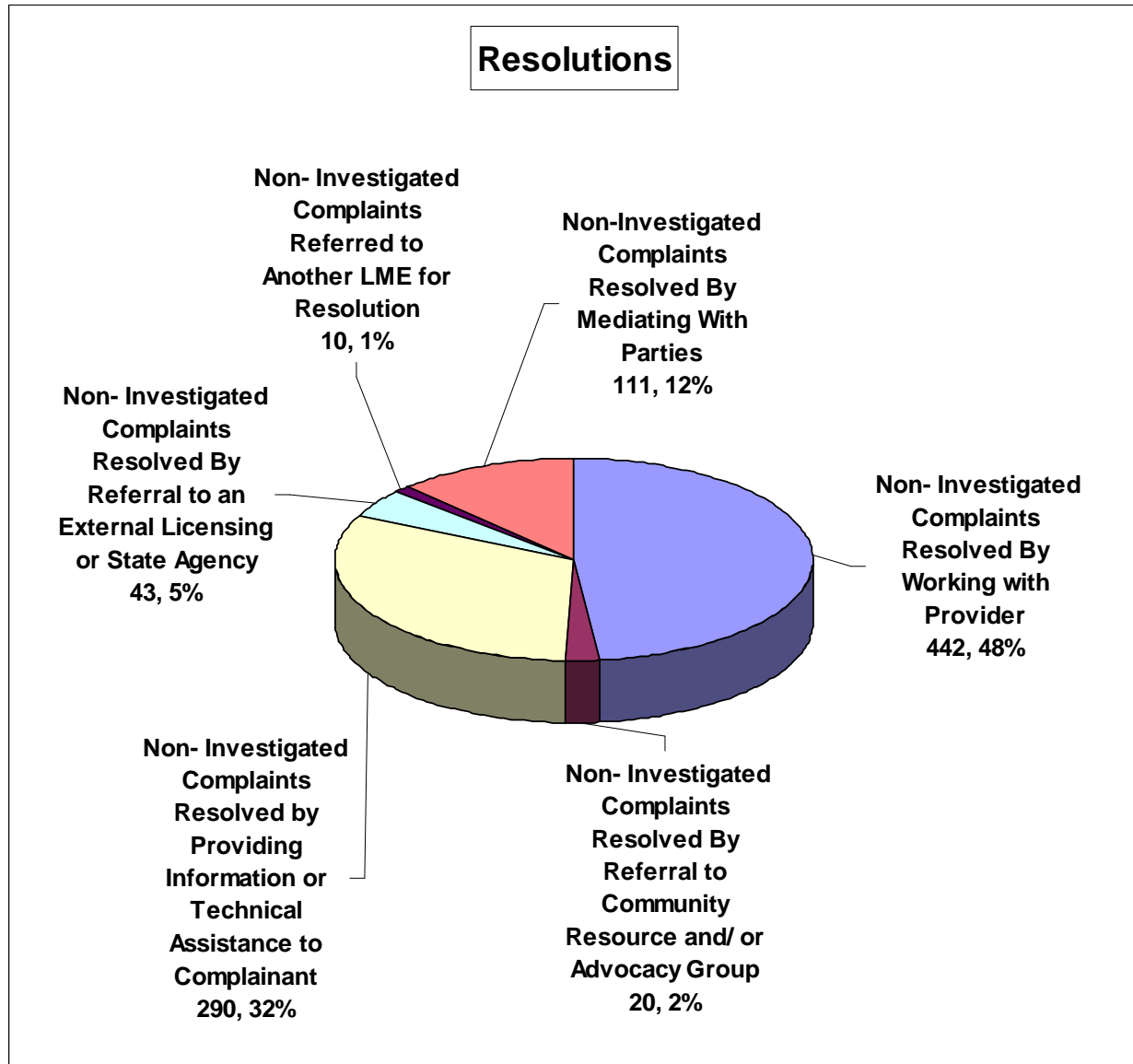
Final Disposition for all Complaints

Statewide, of the total number of complaints that were received by LMEs during this quarter, 1,084 (96%) were resolved, 27 (2%) were partially resolved and 21 (2%) were unresolved.



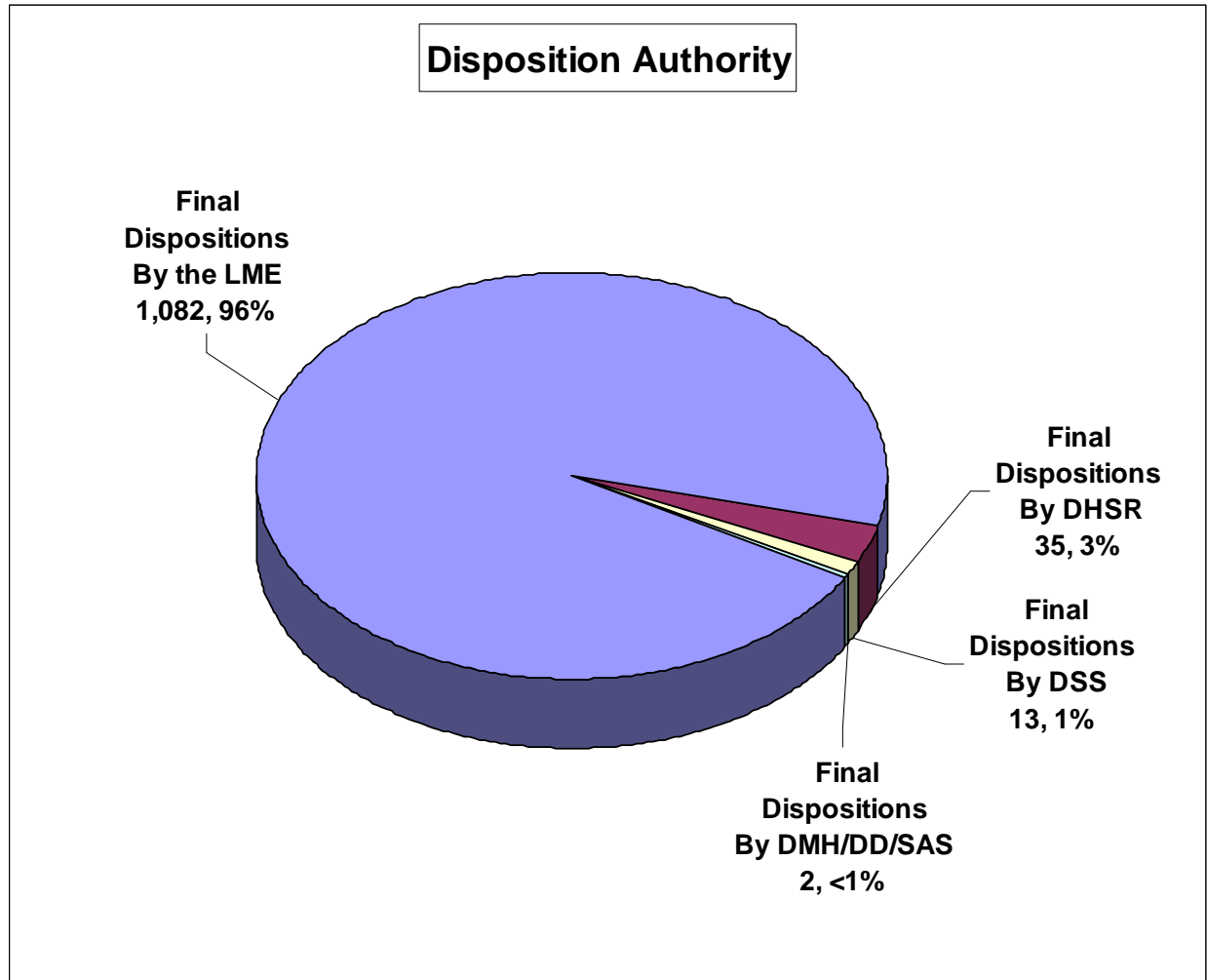
Resolution for Non-Investigated Complaints

Nine hundred and sixteen complaints during this quarter were resolved without an investigation. Approximately half of these complaints, 442 (48%), were resolved by working with the provider. Two hundred and ninety (32%) were resolved by providing technical assistance to the complainants, 111 (12%) were resolved by mediating between the parties and 43 (5%) were resolved by referral to an external licensing or state agency.



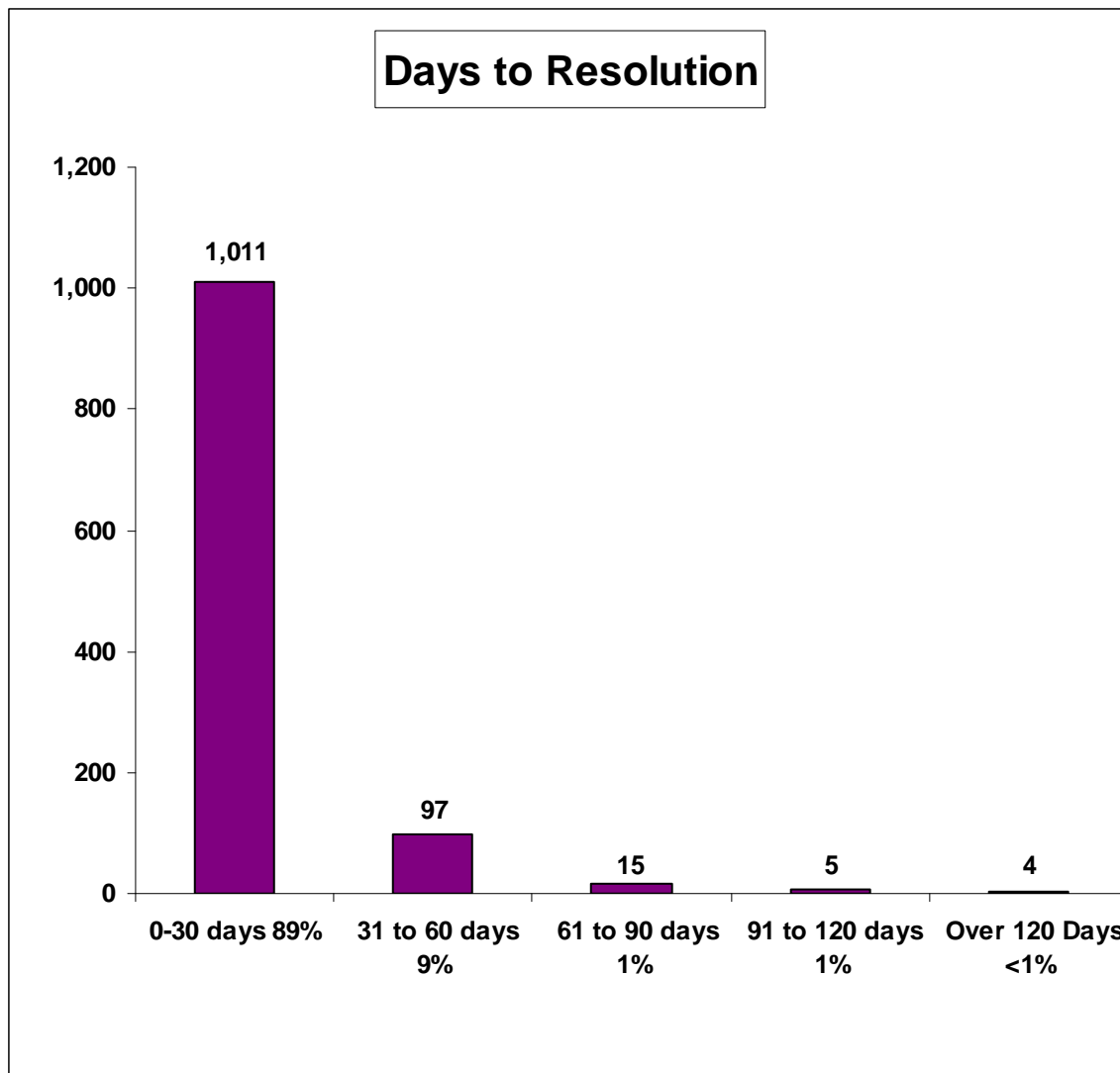
Final Disposition Authority for all Complaints

One thousand one hundred and eighty-two (96%) of the final dispositions were by the LME. Thirty-five (3%) of the final dispositions were by the Division of Health service Regulation (DHSR) and 15 (1%) of the final dispositions were by the Department of Social Services (DSS) and the Division of Mental Health, Developmental Disabilities and Substance Abuse Services (DMH/DD/SAS).



Number of Days to Resolution

One thousand and eleven (89%) of the complaints received during this quarter were resolved within 30 days of receipt of the complaint. When complaints require more than 30 days to resolve they usually are reported to DMH/DD/SAS, DHSR, DSS or another licensing or state agency for investigation or were complex and necessitated more time for a resolution at the LME level.²



² Initial data collection occurs during the quarter. However, final report data is submitted to DMH/DD/SAS 5 months after the end of the quarter to allow more time to resolve the complaints. The added time period provides an accurate picture of resolution and final disposition for all complaints initiated during the quarter.